PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN		
TOTAL CLAIMS			20				l	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	385.00	OR	BASIC FEÉ	770.00	
TOTAL CHARGEABLE CLAIMS			QO minus 20=		•	0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		. (<u> </u>		X43=		OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ļ	TOTAL	 	OR	TOTAL	770	
CLAIMS AS AMENDED - PART II								OTHER THAN					
_		(Column 1)	(Colurt			(Column 3) SM		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	12-020	REMAINING		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	• 그	0	- /		X\$ 9=	/	OR	X\$18=		
	Independent	NTATION OF MI	Minus	PENDENT				X43=		OR	X86=	<i>[</i>	
_	11101111200	STATION OF THE		CHOCH		<u></u>	'	+145=		OR	+290=/		
			•		•	•		TOTAL		OR	· TOTAL		
		(Column 1)		(Colum		(Column 3)	P	VDDIT. FEE			ADDIT. FEE!		
	•	CLAIMS	<u>-</u>	HIGHE		1001011111 37	ŀr		ADDI-	1		4551	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	•	8		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	ENDENT (CL AIRA	e ;		X43=		OR	X86=		
•	11101711602		CHI CE OCT	CHUCHI	COVIIAI	•	' [+145=		OR	+290=		
										OR	TOTAL		
		(Column 1)		(Colum	n:2)	(Cotumn 3)	. ^	DOIT. FEE L			NODIT. FEEL	·	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**			Γ	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		•		X43=			X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20." **Total ADDIT. FEE OR +290= TOTAL ADDIT. FEE OR ADDIT. FEE													
T	me "Highest Num he "Highest Num	nber Pr viously Pai ber Previously Paid	d For IN THIS For (Total or	5 SPACE is I Independen	less than I) is the I	i 3, enter "3." highest number			opriate box		ms 1.	·	